

February 16, 2009

A Legislative Priorities & Funding Consensus for Mental Health

Disability Rights Montana	Montana Community Mental Health Centers	Montana Sheriffs & Peace Officers Association
Montana Association of Counties	Montana County Attorneys Association	National Association of Social Workers,
Montana Children's Initiative	Montana Licensed Professional Counselors	Montana Chapter
Montana Coalition Against Domestic and Sexual Violence	Montana Mental Health Association	Rocky Mountain Development Council

We propose to make effective use of federal economic stimulus appropriations by investing in community services development through these one-time appropriations:

	Children	Adults
Services	System of Care and KMA sustainability Governor's proposal \$742,000 + [HB 65] NEW \$750,000 = 1.4 mill	Plan 189 Governor's proposed \$800,000 + NEW \$800,000 = \$1.6 mill Community crisis beds demonstration grant [HB 130] \$2.5 mill + [HB 131] \$821,000 + [HB 132] \$3.4 mill = NEW \$6.5 mill
Training	Wraparound training Parent leadership training	Training for MH professionals who care for returning soldiers (<i>to be determined</i>) Crisis Intervention Training for law enforcement officers (6 classes at \$17,000 each) NEW \$102,000
Other	KMA study [HB 243]	Suicide Screening Pilot [HB 60] NEW \$453,000

Community crisis beds demonstration grant

1. Preserving the Governor's budget recommendations for community mental health programs, including those initiated in 2007, is critical to the success of the demonstration grant.
2. This one-time appropriation for crisis services has to demonstrate sustainability by having a substantial impact on the state hospital census. When the state hospital census stabilizes at 135, MSH will be able to close its overflow facilities in the Spratt Building (44 patients) and old Receiving Hospital building (20 patients).
3. To achieve sustainability, this funding must:

EXHIBIT 2
DATE 2-16-09

- a. Augment the service continuum in the community with additional secure treatment beds and other crisis stabilization and transition services in order to create effective alternatives to treatment at Montana State Hospital for many patients; and
 - b. Make the transition from community crisis services to the rest of the community services continuum seamless and successful.
4. The HB 130 crisis services development plans, which may developed by individual counties or by regional collaboratives, must be aimed at diverting patients away from the State Hospital in order to qualify for state matching funds.
 5. Because the county plans will be funded with a combination of county and state dollars, and because each county plan will be unique:
 - a. HB 130, 131 and 132 may need to be amended to allow for maximum flexibility. For instance, a county may want to pay for part of the cost of diversion (since counties are already paying for two week in-patient stays through pre-commitment costs) but want the state to make a larger contribution to emergency detention beds.
 - b. The appropriations should be taken out of the bills and the bills reference "the crisis services demonstration grant" funded by HB 2 instead.
 - c. The crisis services appropriation should be biennial to allow for maximum flexibility in responding to community needs.
 6. General fund appropriations included in the Governor's budget proposal for community mental health services are integral to the success of this demonstration project. For instance, funding for telemedicine may be critical to the success of crisis stabilization programs developed in small communities, and 72-hour presumptive eligibility funding is necessary to prevent smaller crises from becoming much larger ones.

Children's System of Care and Kids Management Authorities

The additional \$375,000 per year in this proposal allows the Children's MH Bureau to complete the federal System of Care SAMHSA grant, through September 2010, and:

1. Captures a 25% local match (about \$350,000 in five communities over the biennium).
2. Draws a 33% federal match (almost \$500,000 over the biennium)
3. Completes the youth and family outcome data gathering initiated under the grant.
4. Keeps five KMA's staffed at current levels, including
 - a. Parent and youth support groups
 - b. Multi-agency case staffing and care coordination for children with complex service needs
 - c. Assessments, therapy and respite services for some youth who don't qualify for CHIP and Medicaid
5. Allows completion of joint Department/Legislative review and evaluation of the System of Care and KMA's so that there is a consensus on how to proceed.

Training funds

These proposals invest one-time "stimulus" dollars into human capital: mental health care providers, law enforcement officers and children's services providers who will develop skills for new systems.

How A Crisis Services Demonstration Grant Would Work

The three crisis bills developed by the Law and Justice Interim Committee have very broad and deep support among mental health system stakeholders because they address a critical crisis services gap in our communities. The lack of secure crisis beds in the community is due to lack of funding for that level of service; the majority of people who present in crisis have no insurance of way to pay for inpatient services. The Montana State Hospital, which will cost \$34 million per year over the next biennium, is a "free" service paid for almost entirely with general fund, and it has become the *de facto* crisis services provider for much of the state. The ticket to these free services is a civil commitment order signed by a judge. Voluntary treatment in the community at a hospital level of care is not an option for most patients in crisis, so a long trip across the state in handcuffs in a patrol car and diminished civil liberties are the price of getting treatment. Finally, the challenge of returning patients from the Warm Springs campus to their communities contributes to unnecessarily long, expensive and therapeutically counter-productive Hospital stays.

These factors have combined to make the State Hospital census reach 220 patients per day in recent years. But the State Hospital campus was intended by legislators and planners during the late 1990's to be a 135 bed facility. That goal was briefly realistic, but after the demise of mental health managed care, the population began to balloon. After the 135-bed main hospital building opened in 1999, administrators were forced to re-open the Spratt Building and eventually the Receiving Hospital to house the overflow population. Both buildings are plagued with licensing problems and maintenance issues; the Spratt Building is considered unsafe by patients and staff alike.

The Demonstration Grant funds the development of a continuum of community crisis services with the objective of reducing reliance on the State Hospital. The goal of the Demonstration Grant is to demonstrate sustainability by stabilizing the State Hospital population at its intended level of 135, at which point the Spratt Building and the Receiving Hospital can be closed and those savings channeled into community services instead.

The Demonstration Grant proposal incentivizes communities to

- develop crisis services plans, either individually or in collaboration with other counties
- increase local crisis services capacity
- reduce local and regional admissions to the State Hospital

A number of factors have combined to make the Demonstration Grant likely to succeed:

- ◆ Building adequate community secure crisis services capacity was identified as a critical need by the Law and Justice Interim Committee, which found that the lack of local services contributed substantially to criminalization of mental illness as well as inappropriate use of the State Hospital for crisis care.
- ◆ The Legislative Mental Health Study, requested by the Children and Families Interim Committee, found that funding community crisis services needs to be a priority.
- ◆ Local leaders from around the state were united in their testimony during the interim in calling for crisis services funding so that they could do a better job of serving people with mental illness in their homes and communities.
- ◆ Over 50 new psychiatric treatment beds are opening or could open across the state during the next year: 6 just opened in Butte; 16 are scheduled to open on the campus of Bozeman Deaconess Hospital by December 2009; 12 adult psychiatric beds (and 12 more geriatric beds) are planned for St. Peter's Hospital in Helena; and 4 beds may be re-opening at the Glendive Medical Center. In addition, the Billings Clinic is reportedly considering re-opening a 16 bed psychiatric ward for diversions, as provided in HB 132.
- ◆ The crisis plans funded through the Demonstration Grant will be bottom-up proposals, designed by the communities that know their assets and their needs the best.
- ◆ The Governor's remarkably successful effort to reduce the State Hospital census during 2008 shows that a focused and flexibly funded initiative can work. Named "Plan 189" after the licensed capacity of the State Hospital, the Governor's program uses a discretionary fund to pay for services that are necessary to help patients return to the community. At a cost of \$1.3 million during 2009, Plan 189 has achieved its objective.
- ◆ Like Plan 189, the Demonstration Grant provides flexible funding. (Suggestions for amending the three crisis bills for maximum flexibility are attached.)
- ◆ The Demonstration Grant builds on work that began in 2007, which increased funding for the Mental Health Services Plan and 72-hour presumptive eligibility, which are already believed to be contributing to the reduced State Hospital census. These funding initiatives are included in the Governor's budget proposal, and along with Plan 189, are key to the success of the Demonstration Grant.
- ◆ The Demonstration Grant holds out the promise that the State Hospital can refocus its mission and provide the highest quality of care.
- ◆ Demonstration Grant goals are in accord with the goals of federal "stimulus" spending: to create jobs quickly and to build capacity today that will save money in the future.

The Consensus group that has proposed the Demonstration Grant would prefer to see HB 130, 131 and 132 funded with an on-going rather than a one-time appropriation. As a state, we need to make a commitment to funding a full continuum of services at the local level in order to minimize disruption to individuals, families and communities and maximize the potential for stability and recovery at home. But if one-time funding is all we have during these hard times, then we see a silver lining: A Demonstration Grant is an opportunity to show policy-makers and administrators what our communities can achieve with a focused effort and support from their state partners.

Suggestions for Amending the Three Crisis Bills
for Maximum Flexibility Under the Demonstration Grant

1. HB 130:
 - a. Eliminate reference to SAA's, which are all-volunteer Boards without the resources to administer large amounts of money. Moreover, advocates intend to insure that *all* grant proposals are reviewed by the SAA's, not just the matching funds authorized by HB 130.
 - b. Eliminate "pre-commitment costs" as a county expense that must be eligible for reimbursement under the Demonstration Grant. Pre-commitment costs provide counties with some motivation for seeking local alternatives to State Hospital care. The goal of the Demonstration Grant is to reduce State Hospital commitments when appropriate, and using grant money to refund pre-commitment costs not only fails to advance that goal but probably has the opposite result.
 - c. Consider allowing disbursement of funds after the county plan has been approved but before any county expenditure. This may be a more realistic strategy for creating new community capacity.
 - d. Take the appropriation out of the bill and substitute "funded through the Crisis Services Demonstration Grant" to allow maximum flexibility in responding to community crisis plans.
2. HB 131:
 - a. Take out the reference to nine beds: Give the Department the flexibility to contract for beds or simply reimburse for secure crisis bed costs for eligible patients, pursuant to county plans.
 - b. Take the appropriation out of the bill and substitute "funded through the Crisis Services Demonstration Grant" to allow maximum flexibility in responding to community crisis plans.
3. HB 132:
 - a. Take the appropriation out of the bill and substitute "funded through the Crisis Services Demonstration Grant" to allow maximum flexibility in responding to community crisis plans.